

Name
in
Full

Lula Col

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Vernon* Town

Somerset County

Date of death *1907* Month *June*

Day *4*

Age *35* Years

Months *2*

Days *35*

Sex *Female*

Color or Race *white*

Birth-place *Mt Vernon*

Occupation

Where Residing if not at place of death

Mt Vernon

Married, Single or Widowed *Single*

Name of Wife or Husband *None*

Father's Name *Oscar Col*

Father's Birthplace *Dorchester Co.*

Mother's Maiden Name *Virginia Scott*

Mother's Birthplace *Mt Vernon*

Name of person giving information *Oscar Col*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Consumption*

(27)

How long *from birth*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

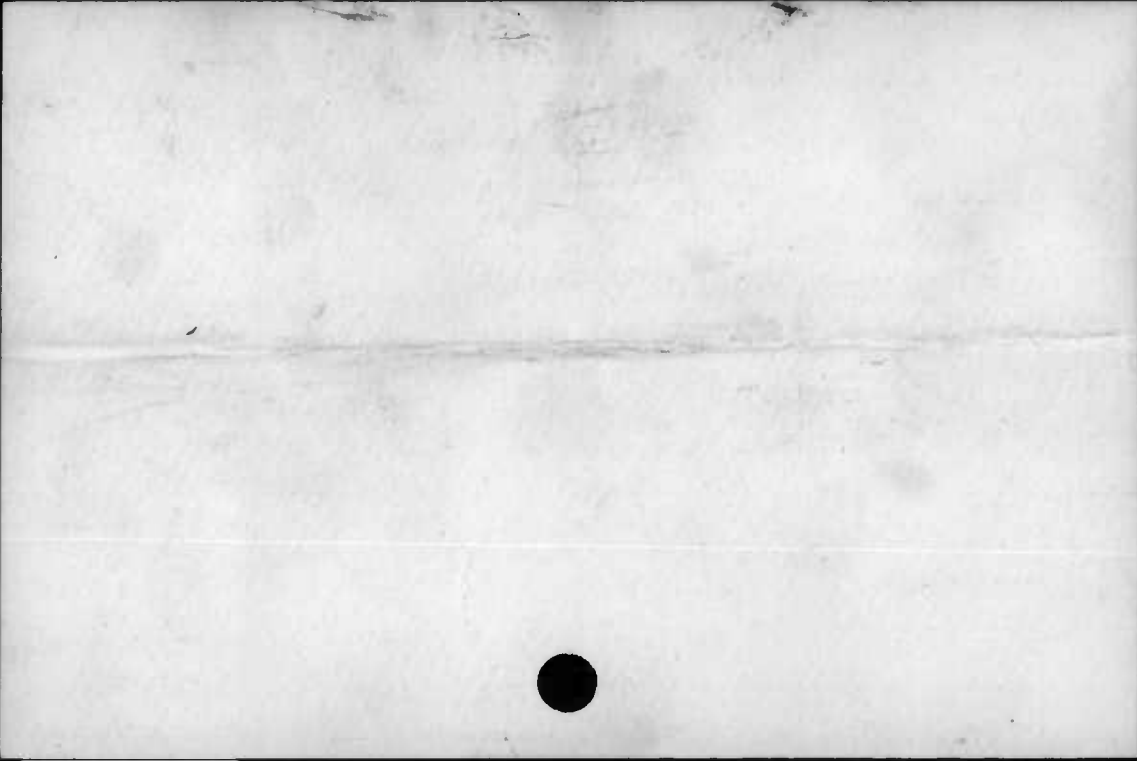
Geo H. Smith Sub-Reg.

Address

*Prince Georges
Route # 2*

M.D.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Rushard H. Costen, (MSP)

Town

County

MARYLAND

Died at *Orbelle*

Date

Month

Day

Years

Months

Days

of death *1907*

June

14

Age

66

Sex

Male

Color or
Race

Colored

Birth-
place

Somerset Co

Occupation

Labourer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Costen

Father's
Name

Rushard Burkwood Costen

Father's
Birthplace

" "

Mother's
Maiden Name

not known

Mother's
Birthplace

Name of person giving
In formation

Columbus Costen

How related
to deceased

Neighbor

CAUSES OF DEATH

120

Primary

Bright disease

How long

1 yr

Immediate

exhaustion

How long

'Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Samuel S. Brown

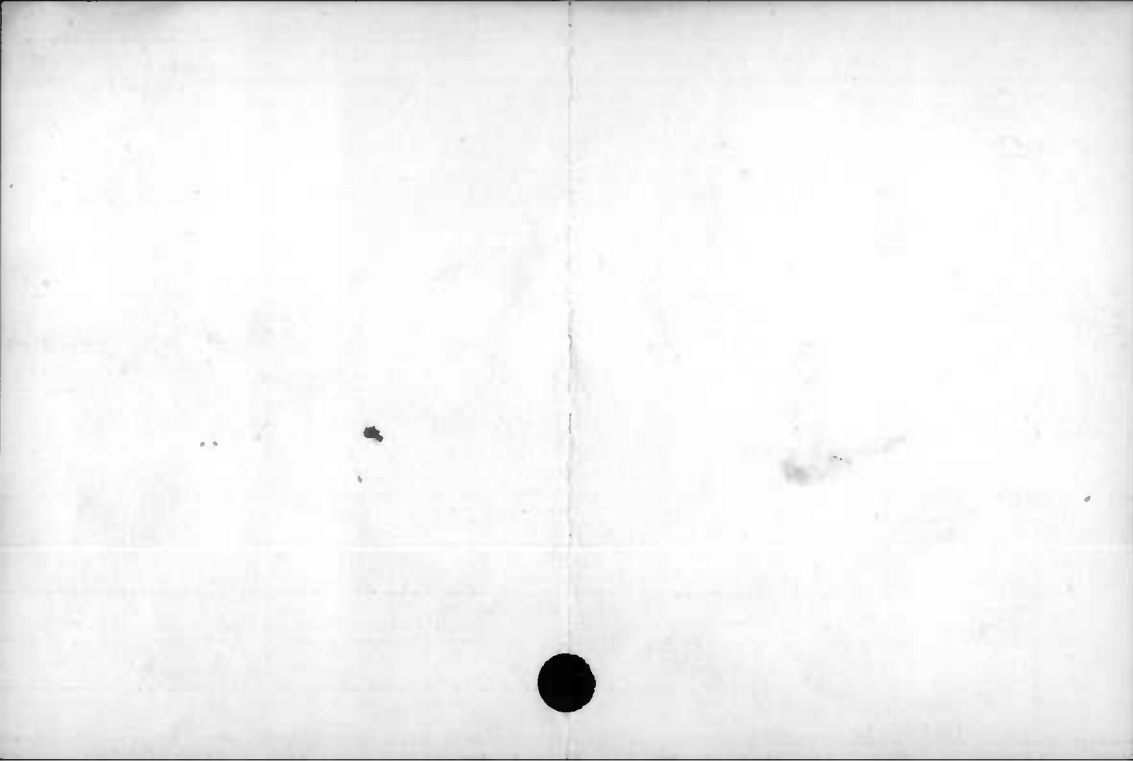
Address

Pasadena City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

Physician
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

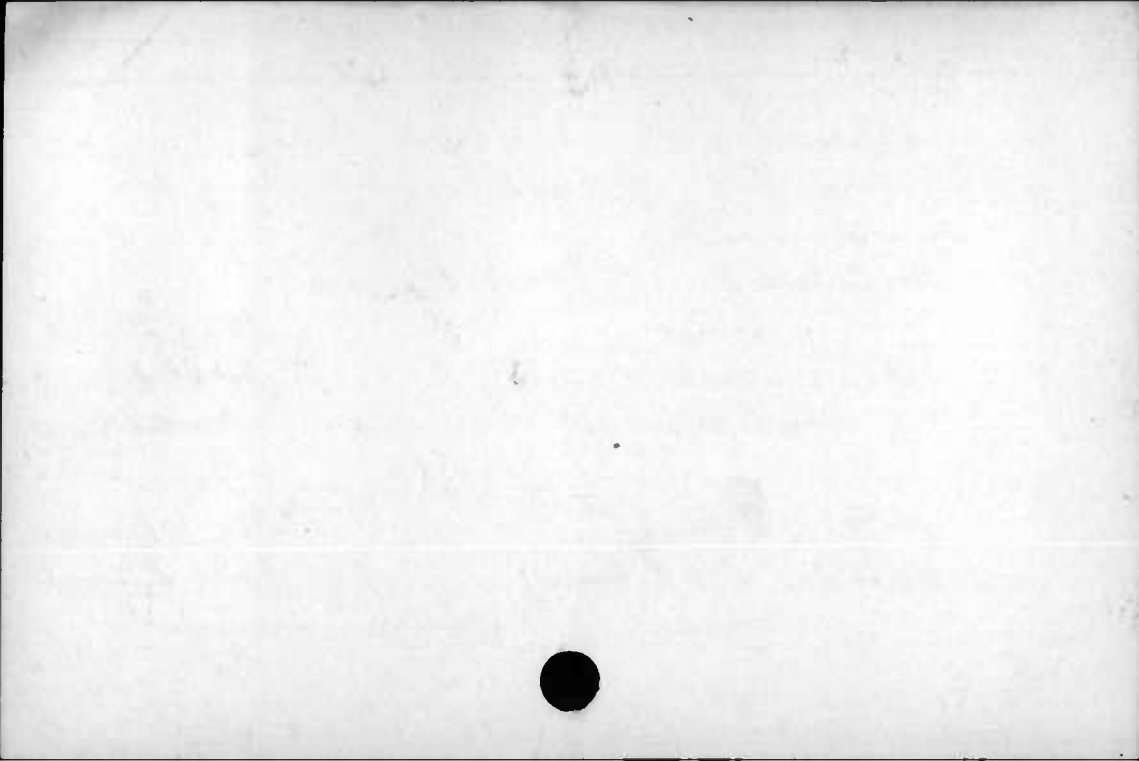
Died at <i>Upper Fairmount</i> ^{Town} <i>Somerset</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month} <i>June</i> ^{Day} <i>14</i> ^{Years} <i>65</i> ^{Months} <i>—</i> ^{Days} <i>4</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Tex</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mollie Curtis</i>		
Father's Name <i>John Curtis</i>	Father's Birthplace <i>Fairmount</i>		
Mother's Maiden Name <i>Sarah Ballard</i>	Mother's Birthplace <i>Fairmount</i>		
Name of person giving information <i>D. J. Maddox</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORONER

Primary <i>carcinoma</i>	How long
Immediate <i>—</i>	How long <i>About 2 Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount Md</i>
Accident or Suicide?	



Name
in
Full

Susie Leesters,

Duplicate,

CERTIFICATE OF DEATH

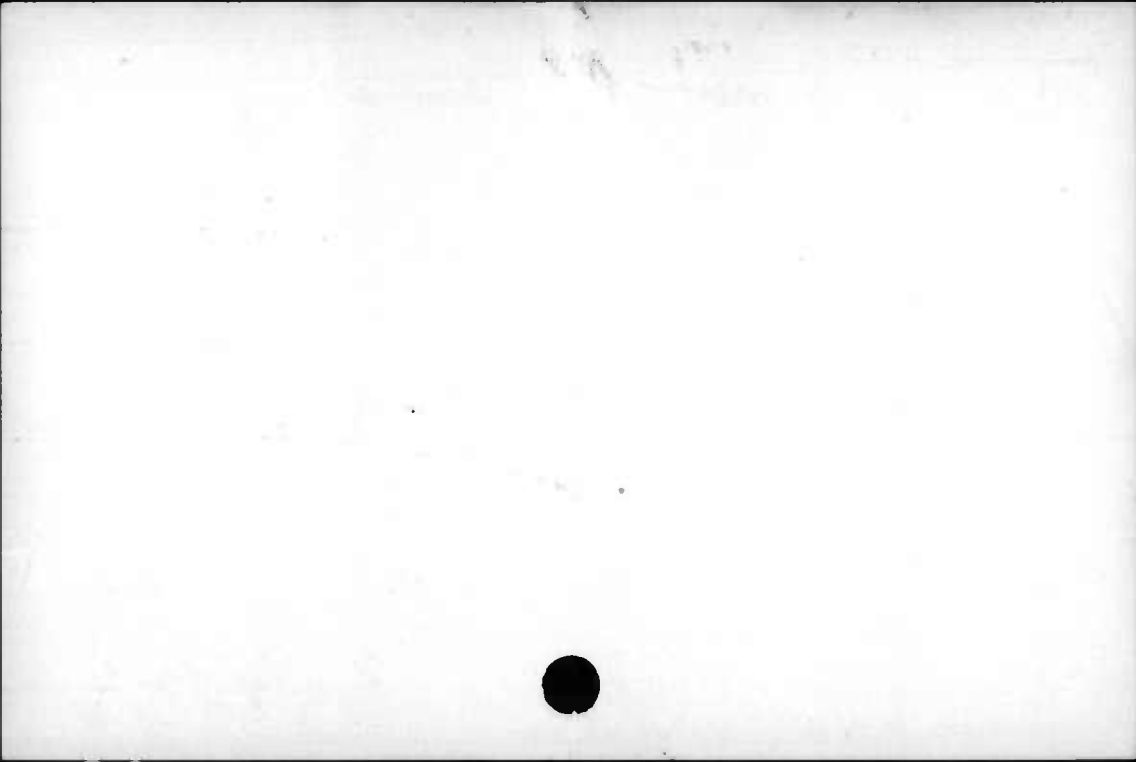
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fairmount</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>June</u>	Day	<u>7</u>
Age	<u>75</u>	Years	<u>75</u>	Months	<u>no</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Don't Know</u>
Occupation	<u>Don't Know</u>		Where Residing if not at place of death <u>Don't Know</u>		
Married, Single or Widowed	<u>Don't Know</u>	Name of Wife or Husband	<u>Don't Know</u>		
Father's Name	<u>Don't Know</u>			Father's Birthplace	<u>Don't Know</u>
Mother's Maiden Name	<u>Don't Know</u>			Mother's Birthplace	<u>Don't Know</u>
Name of person giving information	<u>Don't Know</u>			How related to deceased	<u>Don't Know</u>

CAUSES OF DEATH

Primary	<u>Don't Know</u>	How long	<u>Don't Know</u>
Immediate	<u>General Apoplexy</u>	How long	<u>Don't Know</u>
Are the name, age, sex, color, date and place correctly given above	<u>Don't Know</u>	Signature of Physician	<u>W. L. Landon</u>
		Address	<u>Landonville, Somerset Co. Md.</u>
Accident or Suicide?	<u>Don't Know</u>		

PHYSICIAN
OR CORONER



Name
in
Full

allie King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

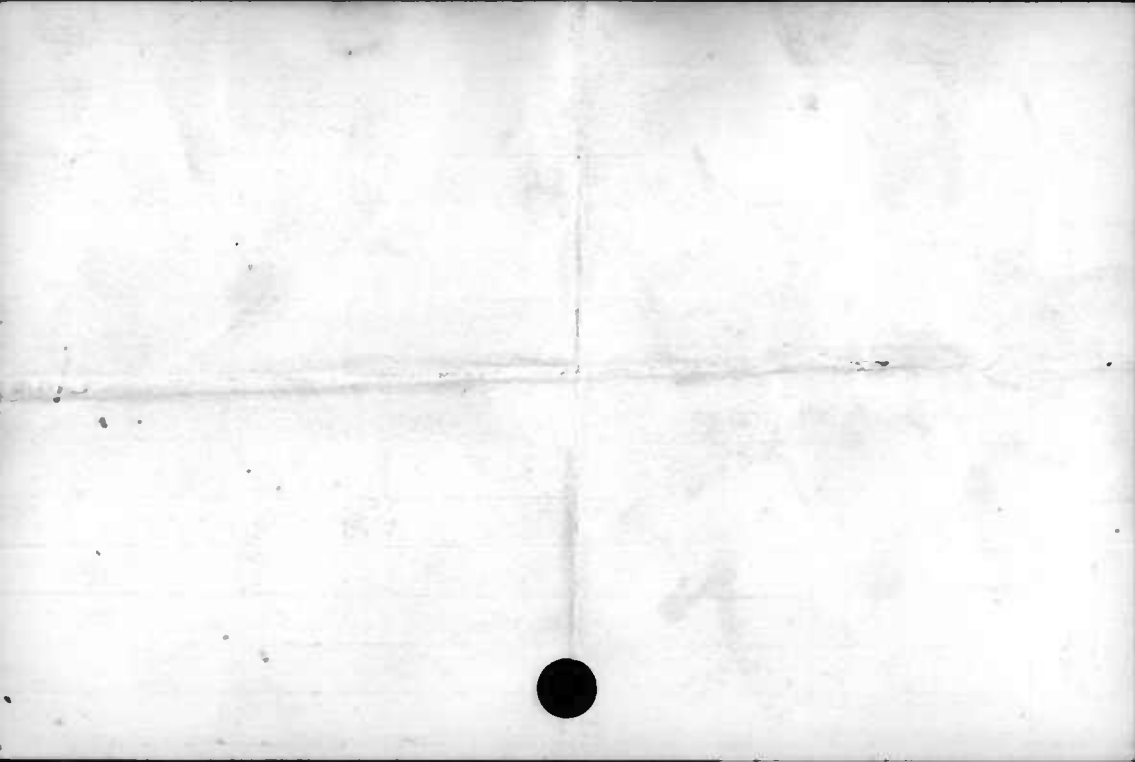
Died at <i>Int. Penon</i>		Town <i>Penon</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>4</i>	Month <i>June</i>	Day <i>24</i>	Age	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Int. Penon</i>		Occupation		
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name <i>Geo. King</i>				Father's Birthplace <i>Int. Penon</i>			
Mother's Maiden Name <i>Dora Parkley</i>				Mother's Birthplace <i>Int. Penon</i>			
Name of person giving information <i>George King</i>				How related to deceased			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>4 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. W. Jones</i>	
		Address <i>Princeps Anne</i>	
Accident or Suicide?		<i>M. d.</i>	



Name
in
Full

Adeline Tatman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wellington</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>June</i> ^{Month}	<i>11</i> ^{Day}	<i>55</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Som Co. Md</i>		
Occupation <i>housewife..</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Henry Tatman</i>			
Father's Name <i>David Leary</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Sallie Gibbons</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Jehu Butler</i>		How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Partial Paralysis</i> (66)	How long <i>6 yrs</i>
Immediate <i>Gradual Smoking & Exhaustion</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Geo W. Riddle</i>
	Address <i>sub reg.</i>
Accident or Suicide?	

